



Hand-enter Your Transmittal Number

W 036368

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

Instructions

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) copies of this form will be needed.

Copy 1 (the original) must accompany your permit application.

Copy 2 must accompany your fee payment.

Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

For DEP Use Only

Permit No. _____
Rec'd Date _____
Reviewer _____

A. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions):

BRPWM08A

Name of Permit Category:

Storm Water

Type of Project or Activity:

NPDES Phase II

B. Applicant Information (Firm or Individual)

Name of Firm:

Department of Environmental Management

Or, if party needing this approval is clearly an individual:

Individual's Last Name:

First Name

MI

Street Address

251 Causeway St., Suite 600

City/Town

Boston

State

MA

Zip Code

02114

Telephone Number

(617) 626-1391

ext.

Contact:

Raul Silva

e-mail address (optional)

raul.silva@state.ma.us

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual
Salisbury Beach State Reservation

DEP Facility Number (if Known)

Street Address

Beach Road

e-mail address:

(optional)

City/Town

Salisbury

State

MA

Zip Code

01952

Telephone Number

(978) 462-4481

ext.

D. Application Prepared by (if different from Section B)

Name of Individual or Firm:

Address

City/Town

State

Zip Code

Telephone Number

()

ext.

Contact:

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☐ no

If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # _____

Is an Environmental Impact Report Required? ☐ yes ☐ no

Is this application part of a larger project for which two or more DEP permits are being or will be sought? ☐ yes ☐ no

List any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions:

- ☒ Fee Exempt* (city, town or municipal housing authority) (state agency if fee is \$100 or less)
☐ Hardship Request [payment extensions according to 310 CMR 4.04(3)(c)]
☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

*There are no fee exemptions for 21E, regardless of applicant status

Check #:	Dollar Amount: 0	Date: 3/7/03
Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to DEP, P.O. Box 4062, Boston, MA 02211		



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W036368
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

A. Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the DEP General Permit issued jointly with EPA for stormwater discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on BRP WM 08A, including the Stormwater Management Program Summary and Time Frames form, must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a stormwater management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

Department of Environmental Management

Name

251 Causeway Street, Suite 600

Mailing Address

Boston

City/Town

MA

State

617-626-1357

Telephone Number

Email (if available)

2. Municipality Name

Salisbury Beach State Reservation, Salisbury, Concord, MA

City/Town

3. Legal Status:

☐ Federal

☐ City/Town

☒ State

☐ Tribal

☐ Private

☐ Other public entity:

Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

☒ yes

☐ pending

☐ no

B. Applicant Information (cont.)



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6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

☒ yes ☐ pending ☐ no

Note:
Section C may
be duplicated to
accommodate a
larger list of
receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Merrimack River	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	priority organics, pathogens
Name	Number		Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
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Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify

D. Stormwater Management Program Summary



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit

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Storm Sewer Systems (MS4s)**

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1. Public Education:

<u>1</u> BMP ID # Expand existing educational resources	<u>Office of Interpretive Services</u> Responsible Dept./Person Name	Identify existing education resources, develop program
<u>2</u> BMP ID # Expand existing interpretive programs	<u>Office of Interpretive Services</u> Responsible Dept./Person Name	Expand programs and implement over permit life
<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

2. Public Participation:

<u>3</u> BMP ID # Develop partnerships w/ non- profit groups	<u>Div. of Forests & Parks</u> Responsible Dept./Person Name	develop & implement cooperative monitoring at
<u>4</u> BMP ID # Source reduction Specify Best Management Practice	<u>Bureau of Recreation</u> Responsible Dept./Person Name	Modify hand outs given to park users
<u>5</u> BMP ID # Expand existing water quality monitoring	<u>Office of Water Resources</u> Responsible Dept./Person Name	Expand testing program to est. bench marks & rating system
<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

<u>6</u> BMP ID # <u>Map storm water systems</u> Specify Best Management Practice	<u>Bureau of Engineering & Construction Management</u>	<u>map park storm water system</u> Specify Measurable Goal
<u>7</u> BMP ID # <u>Initial identification of illicit discharges</u>	<u>Bureau of Engineering & Construction Management</u>	<u>identify origin of all discharges</u> Specify Measurable Goal
<u>8</u> BMP ID # <u>Track illicit discharges & remediation efforts</u>	<u>Bureau of Engineering & Construction Management</u>	<u>expand existing data base, incl. data as developed</u>
<u>9</u> BMP ID # <u>Establish storm water ordinance</u>	<u>Bureau of Engineering & Construction Management &</u>	<u>develop control agreements w/ other storm water originators</u>
<u>10</u> BMP ID # <u>Train employees</u> Specify Best Management Practice	<u>Office of Human Resources</u> Responsible Dept./Person Name	<u>identify training needs, incorp. into employee manual</u>

4. Construction Site Runoff Control:

<u>11</u> BMP ID # <u>Source reduction</u> Specify Best Management Practice	<u>Bureau of Engineering & Construction Management</u>	<u>Test methods/measures for source reduction</u>
<u>12</u> BMP ID # <u>Enhance design guidelines</u> Specify Best Management Practice	<u>Bureau of Engineering & Construction Management</u>	<u>Revise design guidelines for better resource protection</u>
<u>13</u> BMP ID # <u>Staff Training</u> Specify Best Management Practice	<u>Office of Human Resources</u> Responsible Dept./Person Name	<u>Train construction management staff</u>
<u>14</u> BMP ID # <u>Modify construction practices</u> Specify Best Management Practice	<u>Bureau of Engineering & Construction Management</u>	<u>Modify construction contracts for updated regulations</u>
<u>BMP ID #</u> <u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

<u>15</u> BMP ID #		
<u>Identification of BMPs</u> Specify Best Management Practice	<u>Bureau of Engineering & Construction Management</u>	<u>Provide briefing to staff on new storm water practices</u>
<u>16</u> BMP ID #		
<u>Establish management controls for erosion</u>	<u>Bureau of Engineering & Construction Management</u>	<u>Develop techniques, distribute to field staff</u>
<u>17</u> BMP ID #		
<u>Staff Training</u> Specify Best Management Practice	<u>Bureau of Engineering & Construction Management</u>	<u>Provide O&M instruction to F&P on storm water</u>
<u>18</u> BMP ID #		
<u>Reduction in storm water run off</u>	<u>Bureau of Engineering & Construction Management</u>	<u>Report on material options in design for reduction in runoff</u>
<u>19</u> BMP ID #		
<u>Evaluation of structural/ infrastructure improvements</u>	<u>Bureau of Engineering & Construction Management</u>	<u>Evaluate projects for future applications</u>

6. Municipal Good Housekeeping:

<u>20</u> BMP ID #		
<u>Expand educational resources</u> Specify Best Management Practice	<u>Office of Human Resources</u> Responsible Dept./Person Name	<u>Develop "e library" of related topic "courses"</u>
<u>21</u> BMP ID #		
<u>Employee awareness training</u> Specify Best Management Practice	<u>Office of Human Resources</u> Responsible Dept./Person Name	<u>Train staff on related topics using e library</u>
<u>22</u> BMP ID #		
<u>Train volunteers</u> Specify Best Management Practice	<u>Volunteer coordinator/Div. of Forests & Parks</u>	<u>Provide resources/access to e library</u>
<u>23</u> BMP ID #		
<u>Maintain hazmat plan</u> Specify Best Management Practice	<u>Div. of Forests & Parks</u> Responsible Dept./Person Name	<u>Maintain existing hazmat plan</u> Specify Measurable Goal
<u>24</u> BMP ID #		
<u>Maintain user policy</u> Specify Best Management Practice	<u>Div. of Forests & Parks</u> Responsible Dept./Person Name	<u>Maintain user policy on vehicle maintenance</u>

D. Stormwater Management Program Summary (cont.)



Massachusetts Department of Environmental Protection
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BRP WM 08A NPDES Stormwater General Permit

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Storm Sewer Systems (MS4s)

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Facility ID (if known)

7. BMPs for Meeting TMDL:

25

BMP ID #

Maintain policy on vehicle
washing

Div. of Forests & Parks

Responsible Dept./Person Name

Maintain practice of off site
vehicle washing

26

BMP ID #

Maintain floor drains

Specify Best Management Practice

Div. of Forests & Parks

Responsible Dept./Person Name

Maintain plan for floor drain
use & servicing

27

BMP ID #

Stencil catch basins

Specify Best Management Practice

Div. of Forests & Parks

Responsible Dept./Person Name

Stencil all catch basins
Specify Measurable Goal

28

BMP ID #

Incorporate BMPs into O&M
Manual

Dir. of Forests & Parks

Responsible Dept./Person Name

Revise O&M Manual for policy
on storm water management

29

BMP ID #

Expand EMS Team scope for
storm water issues

Div. of Forests & Parks

Responsible Dept./Person Name

Devel. procedure & incorp.
specific review tasks into EMS

E. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Raul F. Silva, DEM Chief Engineer

Printed Name

Signature

March 7, 2003

Date

